

## PATIENT RECORD OF DISCLOSURES

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

**Please indicate your authorized and preferred method of contact. (Check all that apply):**

Preferred Method	Alternate Contact Method	Method	Instructions
		Home Phone: ____ - ____ - _____	
		Cell Phone:	Leave detailed message Leave call back number only
		Work Phone:	Leave detailed message Leave call back number only
		Email: <b>VIA Gastro Specialists <u>Secure Patient Portal</u></b> . Ability to view protected health information (PHI) electronically. This requires activation.	Please send my <b><u>Secure Patient Portal</u></b> invitation to _____
		Written communication (appointment reminders, procedure reminders, results, etc.)	I prefer electronic correspondence via the <b><u>Secure Patient Portal</u></b>  I prefer written Correspondence via the postal mail

I hereby give my permission to discuss my healthcare with:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Birthdate